

APPLICATION

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO:	

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

Brief Description & Law/Regulation Cite**"X" Means
Applicable****Form/
Page****A. Filing Incomplete or in Unacceptable Format**

A1. NAIC Company Number on Submission Letter COMAR 31.04.17.03B		
A2. Duplicate Forms - COMAR 31.04.17.03A (Paper filing)		
A3. Listing of Forms - COMAR 31.04.17.03C		
A4. Form Number - COMAR 31.04.17.03D (Form Number must be identical to form number in SERFF Form Schedule)		
A5. Corporate Name - COMAR 31.04.17.03G		
A6. Unacceptable Modifications - COMAR 31.04.17.03H		
A7. Advertising Prohibited - COMAR 31.04.17.07		
A8. Size of Type - §15-201(d)		
A9. Filing Fee Insufficient - §2-112(a)(9)		
A10. If any portion of a form is in a language other than English, an English translation shall appear in the same form COMAR 31.04.17.03F		
A11. Illegible Form - §12-205(b)(5)		

A12. Separate filing required for each company COMAR 31.04.17.06H(2) or COMAR 31.04.17.06I(1)		
A13. Multiple carriers with different carriers on group applications COMAR 31.04.17.06I(3)		

B. Content Problems With Application

B1. Questions on Applications a. Seven-Year Limit for Health Questions - §12-205(b)(9)		
b. May Not Inquire About Genetic Tests or Genetic Information §27-909(c)		
c. Domestic Violence - §27-504		
d. Health questions must be asked to the best of the applicant's knowledge and belief or application must include statement that all answers provided are representations and are not warranties - COMAR 31.04.17.06E; §12-207		
e. Questions about "hazardous activities" must list activities considered to be "hazardous" - COMAR 31.04.17.06C		
f. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming" COMAR 31.04.17.06D		
g. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications" - COMAR 31.04.17.06F and COMAR 31.04.17.06G		
B2. Application shall stipulate the plan and amount of insurance and any added optional benefits applied for COMAR 31.04.17.06A		
B3. Application Changes - §12-202(c)		
B4. Proxy - COMAR 31.04.17.08		
B5. Good Health Warranty Not Permitted - COMAR 31.04.17.10B		
B6. Certain States Exception - COMAR 31.04.17.06B		

B7. The description of the preexisting conditions limitation is not the same as in the policy - §12-205(b)(2), COMAR 31.04.17.18, COMAR 31.10.28.03D and COMAR 31.11.10.06D		
B8. There is a statement that if the applicant answers the questions in a particular manner, coverage will not be provided to the affected person. To use this statement provide written assurance that carrier must use a signed waiver/exclusion rider attached to policy to exclude person from coverage COMAR 31.10.28.03D or COMAR 31.11.10.06D(4)		
B9. Check-off boxes required for carrier name if application is to be used by more than one carrier - COMAR 31.04.17.06H(1) or COMAR 31.04.17.06-I(2)		
B10. Expand application to include a selection of Domestic Partner, including Child Dependents of Domestic Partner for applying for coverage - §15-403.2; COMAR 31.10.35		
B11. If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual - COMAR 31.04.17.06J		
B12. Application contains items in brackets denoting variability. Only specific items allowed for variability. Submit specific description of how each item can vary. If other items are desired, include the item - COMAR 31.04.17.04A(1) (Applicable to individual insurance applications)		
B13. Application contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other text is desired, include specific text COMAR 31.04.17.04A(2)		
B14. Insurance Fraud-Required Disclosure Statement - §27-805; MIA Bulletin 12-07		

Comments:
